GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:922
ANSWERED ON:21.07.2017
Child Mortality Rate
Azad Shri Kirti (JHA)

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of the child mortality rate prevailing among the Scheduled Tribes, State/UT-wise;

(b) whether there is scarcity of Subcentres, Primary Health Centres and Community Health Centres in the tribal areas;

(c) if so, the details thereof and the reasons therefor; and

(d) the steps taken by the Government to provide health facilities to the tribals?

Answer

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI FAGGAN SINGH KULASTE)
(a): As per the Sample Registration report of the year, 2015 released by Registrar General of India; Under Five Mortality Rate (U5MR) at National level is 43 per 1,000 Live Births. The Registrar General of India, Sample Registration System (RGI-SRS), does not provide disaggregated data for scheduled tribes. However, as per National Family Health Survey III (2005-06), U5MR was 95.7 per 1,000 Live Births in Scheduled Tribes population. The State wise detail is placed at Annexure.

(b) to (d): Public Health and Hospitals being a state subject, the primary responsibility to provide accessible, affordable and quality health care services to the people including tribal population lies with State/UT Governments.

However, under the National Health Mission (NHM), support is provided to States/UTs to strengthen their health systems including for setting up / upgrading public health facilities, augmenting health human resources on contractual basis for provision of equitable, affordable health care to all its citizens particularly the poor and vulnerable population including tribal population based on requirements posed by the States in their Programme Implementation Plans

Under NHM, all tribal majority districts whose composite health index is below the State average have been identified as High Priority Districts (HPDs) and these districts are to receive more resources per capita under the NHM as compared to the rest of the districts in the State. These districts also receive focused attention and supportive technical supervision.

Norms for infrastructure, Human resources, ASHAs, Mobile Medical Units (MMUs) etc. under NHM are also relaxed for tribal and hilly areas.